COUNTY HIGHWAY DEPT LOCATION INFORMATION APPLICATION/PERMIT to CONSTRUCT, OPERATE, Highway(s): and MAINTAIN UTILITIES WITHIN HIGHWAY **RIGHT-OF-WAY** Town/Village/City of: Applicant/Company: Address: $\frac{1}{4}$ of the $\frac{1}{4}$ Sec $\frac{1}{4}$ N R E Office Phone: ADDITIONAL INFORMATION Local Phone & Pager: Annual Service Connection Permit? Yes No Plans Prepared By: Utility Work Order # Preparer's Phone: Fee Required? Yes No Amount \$ DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply) ☐ Water ☐ Communications ☐ Sanitary sewer Private line ☐ Transmission ☐ Distribution ☐ Service Facility Size/Capacity: (diameter, # fibers, psi, Kv, etc.) ORIENTATION: Overhead Underground Parallel to hwy centerline Hwy crossing Bridge attachment Tunnel WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased Erosion Control Designation: Major Minor ☐ Tree cutting/removal ☐ Chemical treatment of trees/brush Provide additional narrative if needed: NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION: Estimated Starting Date: Estimated Completion/Restoration Date: The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof. By: (Signature of Applicant/Company Authorized Representative) (Date) (Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Telephone Number) DO NOT WRITE BELOW THIS LINE PERMIT APPROVAL BY PERMITTING AUTHORITY The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application. Supplemental Provisions Attached: Yes No FEE RECEIVED: \$ CHECK NUMBER: (Authorized Representative for County) DATE ISSUED: HWY PROJECT #: (Title) (Date)

Date Revised: 9/8/00

PERMIT NUMBER: